

Emergency Information and Immunization Record Card

Child's Name: Allie Barone Date Enrolled: 9/1/05 Updated: 9/10/06
 Home Address: 102 Hope Dr. Phoenix AZ 85007 Date Disenrolled: _____
Street City State Zip
 Home Phone: 602-703-3307 Date of Birth: 10/13/01 Sex: male female

Mother or Guardian
 Name: Deborah Barone
 Home Address: 102 Hope Dr. Phoenix AZ 85007
Street City State Zip
 Home Phone: 602-703-3307 Cell Phone: 602-212-3471
 Business Name: N/A Work Phone: N/A
 Business Address: N/A
Street City State Zip
 Signature: Deborah Barone

Father or Guardian
 Name: Ray Barone
 Home Address: 102 Hope Dr. Phoenix AZ 85007
Street City State Zip
 Home Phone: 602-703-3307 Cell Phone: 602-212-3472
 Business Name: Sports Today Work Phone: 480-897-1212
 Business Address: 12 Athletic Dr. Tempe AZ 85282
Street City State Zip
 Signature: Ray Barone

If Medical Care is Necessary, Call:

DOCTOR: Dr. Phil Better 497 Healthy Way Tempe AZ 85281 480-222-7147
Name Address City State Zip Phone

HOSPITAL: Phoenix Regional 332 E. Recovery Ln. Phoenix AZ 85012 602-491-3142
Name Address City State Zip Phone

Does your child have insurance coverage? ☐ No ☒ Yes

Name of Insurance Company Best Health Arizona
(Optional)

In case of injury or sudden illness, Deborah will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name: Marie and Frank Barone

Name: Robert and Amy Barone

Address: 101 Hope Dr. Phoenix AZ 85007
Street City State Zip

Address: 241 S. Bluebird Ln. Tempe AZ 85283
Street City State Zip

Telephone: 602-623-8924 Cell phone: N/A

Telephone: 480-773-9191 Cell phone: N/A

Name: _____

Name: _____

Address: _____
Street City State Zip

Address: _____
Street City State Zip

Telephone: _____ Cell phone: _____

Telephone: _____ Cell phone: _____

The following person(s) may not remove my child from the center:

Name: _____ Name: _____

Custody papers have been provided and are on file at the facility. yes no

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Deborah Barone Deborah Barone Date: 9/1/05
 Parent or Guardian printed name Signature

Immunization Information

Age	Required Vaccine Doses By Age						
	DTaP	Polio	Hib	Hepatitis B	Hepatitis A	MMR	Varicella
<2 months				#1			
2 – 3 months	#1	#1	#1				
4 – 5 months	#2	#2	#2	#2			
6 – 11 months	#3		#2 - #3 ¹				
12 – 14 months		#3	#1 - #4 ²	#3		#1	#1
15 – 59 months	#4						
24 – 71 months					#1 ³ & #2 ³		
School Age (K-12)	#4 ⁴ or #5	#3 ⁵ or #4		#3		#2 ⁶	#1 ⁷

¹ Pedvax or Comvax vaccine given

² Must have at least 1 Hib after 12 months of age

³ Hep A required in Maricopa County only

⁴ 4 doses meet requirement if 4th dose is after 4th birthday

⁵ 3 doses meet requirement if 3rd dose is after 4th birthday

⁶ Must have 2 doses of MMR for K-12 entry

⁷ A 2nd dose is needed if dose #1 is given at 13+ years of age

Check one

<input checked="" type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s): / / / / / /
MO / DAY / YR MO / DAY / YR MO / DAY / YR

Updated immunizations received and attached 12 / 5 / 05 / / / /
MO / DAY / YR MO / DAY / YR MO / DAY / YR

Medical Information

Is child allergic to food or other substances? ☒ No ☐ Yes (If yes, name foods or substances to be avoided and procedure to follow if reaction occurs.) _____

Is child usually susceptible to infections and if so, what precautions need to be taken? ☒ No ☐ Yes _____

Is child subject to convulsions and what should be our procedure if one occurs? ☒ No ☐ Yes _____

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? ☐ No ☒ Yes 9/10/06 - Allie diagnosed with asthma - albuterol inhaler

Additional comments: provided to Director - use per instructions on medication form and call Deborah and Ray immediately.

Other special instructions: _____

Telephone Authorization Code : twins (optional)